

SAN JOAQUIN COUNTY

CHILDREN & FAMILIES
COMMISSION

San Joaquin County Children and Families Commission Strategic Plan for 2002–2005

Prepared by Harder+Company Community Research
February 2002

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SECTION 1: BACKGROUND INFORMATION

The Children and Families Act created an extraordinary opportunity to enhance the quality of life for young children and their families in California. Through a tax on tobacco products, the Act established dedicated funding to improve child health, strengthen families and help children be ready to learn by the time they start school. The Act applies to children, prenatally to age five, and their families and caregivers. The Act requires each county in California to establish a commission to oversee the implementation of the Act. The San Joaquin County Board of Supervisors adopted an ordinance creating the San Joaquin County Children and Families Commission. The Board then appointed the Commissioners to serve on the Commission. The Children and Families Commissioners are:

- Chair William J. Mitchell, M.P.H., Director, San Joaquin County Public Health Services
- Vice-Chair John K. Fujii, O.D.
- Kwabena Adubofour, M.D.
- Susan de Polo, Executive Director, San Joaquin A+
- Gary F. Dei Rossi, Assistant Superintendent, San Joaquin County Office of Education
- Mary Flenoy-Kelley, Assistant Principal, Edison High School, Stockton Unified School District
- Steve Gutierrez, Board of Supervisors
- Randy Snider, Businessperson
- John R. Vera, Director, San Joaquin County Human Services Agency

The Commission also wishes to acknowledge the contributions of former Commissioners Frank Grande and Phyllis Grupe.

The Commission staff are:

- Lani Schiff-Ross, Program Coordinator
- Clarisse Gibson, Office Assistant
- Isabel Mata, Program Assistant
- Sandy Parker, Accountant Auditor

The Commission also wishes to acknowledge the contributions of Bob Driscoll and Rod Kawano.

PLANNING PROCESS

Among the Commission's most important functions is the development of a strategic plan that identifies the needs of young children, expecting parents and parents of young children to be successful. The Commission's plan identifies the resources necessary to ensure that all San Joaquin County children thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society. This plan

establishes a long-term vision for San Joaquin County's youngest members, as well as shorter-term goals and objectives and presents a plan for allocating the County's share of the tax revenue from the Children and Families Act. This document is San Joaquin County's strategic plan for early childhood services. It is the culmination of a six-month planning process which included a survey of best practices in early childhood development; an analysis of secondary data indicators, including data related to general demographics, education, health, safety and child care; focus groups with service providers and administrators of programs that affect children 0 to 5 and their families; focus groups with parents of young children; an analysis of existing community resources and available funding streams; and an analysis of the programs funded in the Commission's first two rounds of funding.

SECTION 2: VISION, MISSION AND PRINCIPLES

The San Joaquin County Children and Families Commission's strategic plan emphasizes a vision in which young children and their families in San Joaquin County are valued. The Commission is dedicated to providing the necessary tools and environment to raise healthy and loved children, ready to make the most of their first school experience. This vision is based upon the State Commission's guidelines, the convictions of the Commission members and feedback from the community.

The Commission's vision, mission, principles and goals have all served to guide the strategic planning process. The vision is defined here as a broad, general statement of the desired future of young children and their families in San Joaquin County. The Commission understands its mission to be its statement of purpose. The principles identified are the values and beliefs that guide and inspire the Commission's decisions. They represent the Commission's convictions as a whole. The goals are inspired by the vision statement, and represent long-term statements of desired change.

Vision: All San Joaquin County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

Mission: The San Joaquin County Commission will facilitate the development and implementation of a comprehensive, integrated system of early childhood development services for all children prenatal to five years of age.

Principles: The San Joaquin County Children and Families Commission believes that:

- Families are essential to a child's well-being. Children are deeply influenced by their environments – including their families – and helping create a loving, stable environment for a child is crucial to a child's success.
- All children and families must have access to the services they need, including basics such as food, housing, transportation and clothing.
- Services are most effective when they respond to the needs of the individual; when they treat the service user with respect and compassion; and when they are linguistically and culturally sensitive, age-appropriate, geographically accessible and meet the needs of all children, including those with special needs.
- Services must ensure that anyone wanting or needing services gets the help they need.
- Service consumers' needs are best met when services are coordinated between agencies. Coordination between agencies also improves the quality of services.

- Children, families, service providers and community members are instrumental in ensuring that all children are raised in supportive, nurturing and loving environments. Their input and participation should be sought actively.
- Prevention and education are the cornerstones of a healthy community.
- Programs should be encouraged to be innovative.
- Program elements should be based upon relevant best practices, where available.

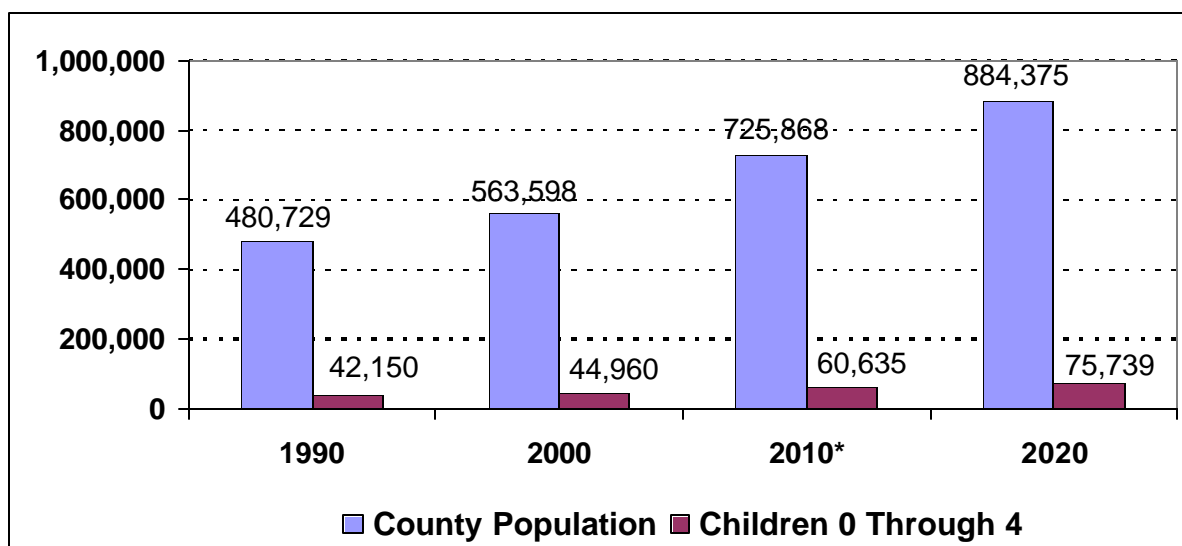
SECTION 3: SUMMARY OF COMMUNITY NEEDS

The following summary of community needs is based upon three sources: (i) various secondary data sources, including the U.S. Census, California Department of Finance, California Department of Health Services, and various county agencies, among others; and (ii) focus groups conducted with professionals who work with children ages 0 to 5 and their families; and (iii) focus groups conducted with parents of children ages 0 to 5. (See Appendix for full data report.)

POPULATION

According to the 2000 U.S. Census, there are nearly 45,000 children ages 0 to 5 in San Joaquin County, representing 8% of the total population of nearly 564,000. That percentage is somewhat higher than for California. The cities with the highest percentage of children ages 0 to 5 are Tracy (9.4%), Lathrop (8.8%) and Stockton (8.6%). Tracy and Lathrop also exhibit the largest growth in the 0 to 5 population between 1990 and 2000. The number of children ages 0 to 5 is expected to increase by 35% (or 15,675) between 2000 and 2010. From 2010 to 2020, another increase of 25% (representing 15,104 children ages 0 to 5) is expected.

San Joaquin County Population Growth, 1990-2020



Source: U.S. Census Bureau and Department of Finance, Demographic Research Unit.

* 2010 and 2020 Projections are from the Department of Finance.

In keeping with general population trends, the population of children ages 0 to 5 in San Joaquin County is becoming increasingly diverse. The percentage of Caucasian and Asian/Pacific Islander children has fallen during the past decade, while the proportion of Hispanic and African-American children has increased. Whereas Caucasian children were the dominant group in 1990, they are on a par with Hispanic children in 2000.

Children Ages 0 to 5 Population by Race, San Joaquin County, 2000 Estimate

Race	2000	Percent of 2000 Total
Hispanic	17,695	37.4%
Caucasian	18,271	38.6%
Asian/Pacific Islander	7,789	16.4%
African American	3,281	6.9%
Native American	340	0.7%
Total	47,376*	100.0%

Source: California Department of Finance, Demographic Research Unit.

* Since 2000 Census figures for age and ethnicity were not available at the time of writing, 2000 Department of Finance estimates were used instead.

Families comprise 74% of all households in San Joaquin County and nearly 41% of all households include children under the age of 18. There are nearly 16,000 households headed by single mothers in San Joaquin County, representing 9% of all households. The percentage of female-headed households varies by city; the highest percentages are found in the unincorporated areas (17%), Stockton (16%), Lodi (11%) and Manteca (11%).

A family's income is a critical determinant in how a child fares later in life; children living in poverty are thus of great concern to the Commission. According to the U.S. Census, an estimated 28% of children under age five in San Joaquin County were living in poverty in 1997, which is comparable to the rate for California. Since poverty guidelines are generally considered lower than the actual amount of income required to support a family, a useful indicator of the percent of low-income children is the number of children receiving free or subsidized school meals. Overall, 48% of all children in San Joaquin County received free or subsidized meals during the 1998-1999 school year, which is virtually equivalent to the rate for California. School districts with the highest percentage of children receiving free or subsidized meals are Holt Union Elementary, New Hope Elementary, and Stockton Unified.

Population Living in Poverty, San Joaquin County, 1997 Estimates

	Estimate	Percent
All People Living In Poverty	101,876	18.8%
People Under 18 Living In Poverty	47,244	27.3%
Related Children 5-17 Living In Poverty	33,542	27.5%
Children Under 5 Living In Poverty	13,702	28.1%*

Source: U.S. Census Bureau.

* Calculated using 1997 population estimates from the U.S. Census Bureau.

EDUCATION

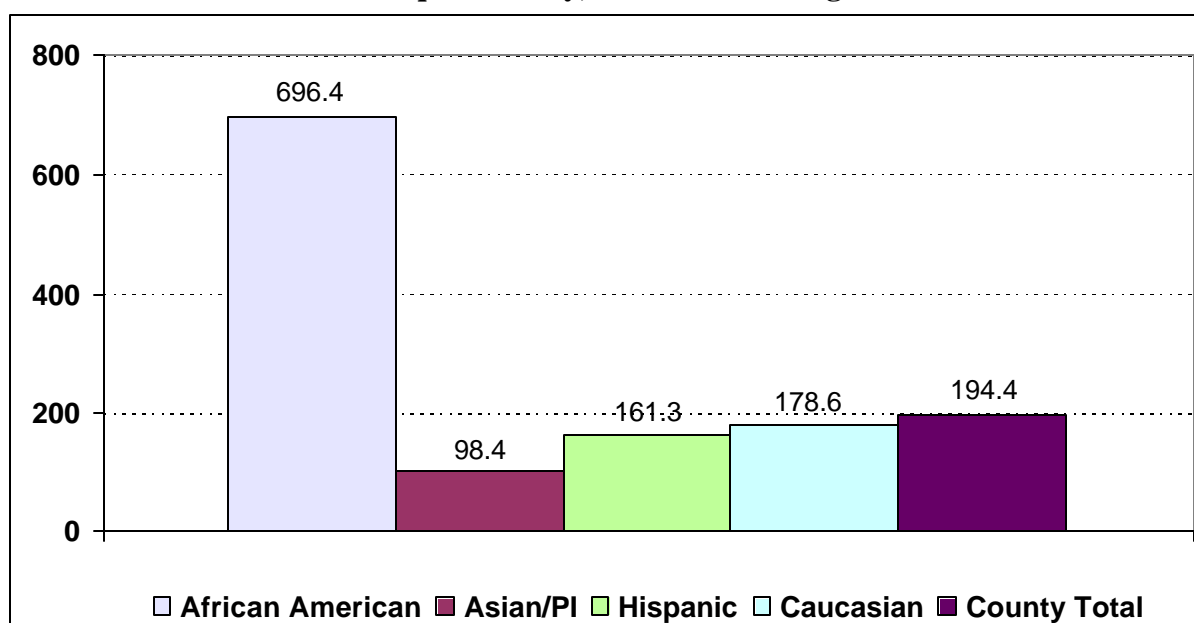
Adult educational attainment is closely correlated with income and other factors associated with child well-being. Low literacy levels affect adults' employment options, their ability to help their children be ready for school and their ability to access services, among others. Adult educational attainment in San Joaquin County is considerably lower than statewide averages; these low levels of adult education attainment are of concern to the Commission, and could represent an important focus in the Commission's School Readiness initiative (see Section 5 for more discussion). Overall, 13% of County residents have a BA or graduate degree, compared with 24% statewide. Conversely, 31% of the population has not completed high school, compared with 23% in California. The cities and towns with the highest rates of no high school degree are Thornton, Lathrop, Stockton (particularly the 95206 zip code) and Victor. Adult literacy levels also vary within the county: cities with the lowest adult literacy levels are Stockton, Lodi and Manteca.

A school's Academic Performance Index (API) is based on students' performance on the state achievement exam. Each school is assigned a rank, which is based on how the school compares to other schools statewide, and on how it compares to schools with similar socio-economics. These rankings can range from 1 to 10; a 10 means that the school scored between the 90th and 99th percentiles statewide; similarly, a 1 means that the school scored between the first and the tenth percentile. API scores for elementary schools in San Joaquin County reveal a wide range in performance. Of the 76 elementary schools in the county, 38 (50%) were ranked 1, 2 or 3, which is alarmingly high. The largest proportion of the lowest ranked schools is in Stockton. 11 of the 38 (29%) of the lowest ranked schools are in 95206 (Stockton), followed by 5 in 95205 (Stockton); 4 in 95204 (Stockton); and 3 in 95209 (Stockton), 95210 (Stockton) and 95240 (Lodi).

CHILDREN'S HEALTH

Asthma is a leading chronic childhood disease and is among the leading causes of hospital admissions among children in California; asthma hospitalizations account for a large portion of the economic cost associated with asthma. Children under the age of five accounted for 161 asthma hospitalizations in 1999, up from 150 in 1997 and 142 in 1998 (data on the prevalence of asthma is not available). Of those in 1999, 35 were infants under one year of age and 126 were children ages 1-4. Asthma hospitalization rates for children 0-14 vary considerably by race/ethnicity. At nearly 700 per 100,000 children, rates for African Americans are over three times higher than the County average. Conversely, Asian/Pacific Islander children exhibit hospitalization rates almost half the County average, while rates for Caucasian and Hispanic children are slightly below County averages. (Asthma hospitalization rates for 0 to 5 years by race/ethnicity are not available.)

Asthma Hospitalizations per 100,000 Children Under Age 15 by Race/Ethnicity, San Joaquin County, 1996-1998 Average



Source: San Joaquin County Public Health Services, Administration Division.

Immunization is the most effective and inexpensive tool for prevention of communicable diseases; vaccines have resulted in dramatic reductions in the number of reported cases of preventable diseases. At 93.3%, the percentage of children entering kindergarten in 2000 with all required immunizations is higher than the rate for California, but lower than the Healthy People 2010 target rate of 95%.

Injuries are a significant and preventable public health problem. There were 395 nonfatal hospitalized injuries among children 0 to 5 between 1997 and 1999. Falls accounted for 25% of those injuries, followed by poisoning (23%) and motor vehicle crashes (11%). There were 23 fatal injuries among children ages 0 to 5 between 1997 and 1999. Six (26%) of those deaths were

caused by homicide, while five (22%) were caused by drowning, motor vehicle crashes and suffocation, respectively.

Health insurance is a critical way to meet children's health needs, and to ensure that parents have access to important services and information. An estimated 13% of children ages 0-18 in San Joaquin County lack health insurance. While this figure is unacceptably high, it does compare favorably to the California average of approximately 19% of children without health insurance.

Mental health professionals find that many children ages 0 to 5 have attachment issues, particularly children who are in the child welfare system and children who were drug-exposed prenatally. These children would benefit from early mental health services, but these services are not presently available.

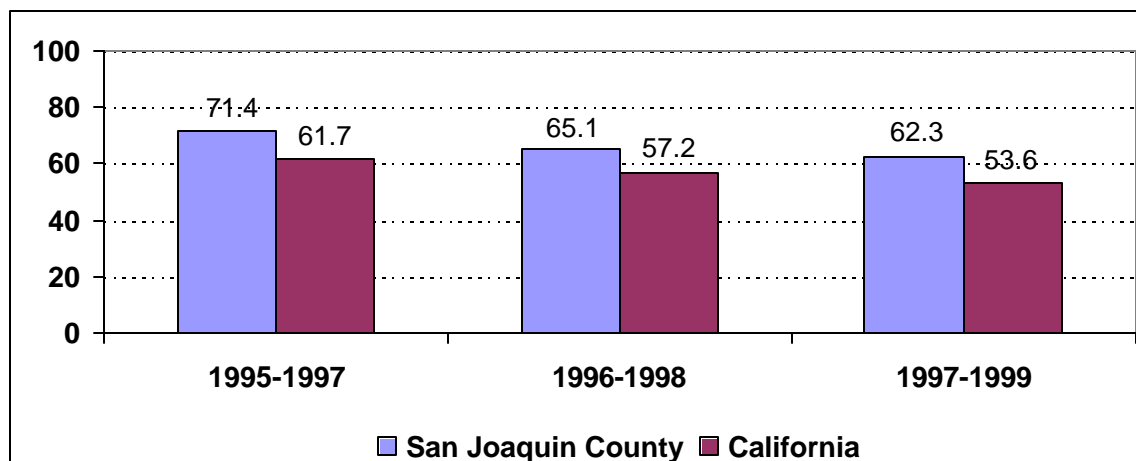
REPRODUCTIVE HEALTH

There were 9,926 live births in San Joaquin County in 2000. The 1998 birth rate (births per 1,000 population) in San Joaquin County was 15.7 per 1,000 population, which is slightly lower than the 1997 San Joaquin County birth rate of 16.1.

Hispanic women have the highest birth rates in San Joaquin County, followed by African Americans. At 24.4 births per 1,000 population, the birth rate among Hispanic women is considerably higher than the County average.

Children of adolescent mothers generally exhibit a higher rate of negative outcomes than children of adult mothers. As with other parts of the country, births to adolescent mothers have declined in recent years. There were 1,380 births to adolescent mothers in San Joaquin County in 2000, representing 14% of all births. While birth rates for adolescent mothers have declined in recent years, they remain higher than rates for California.

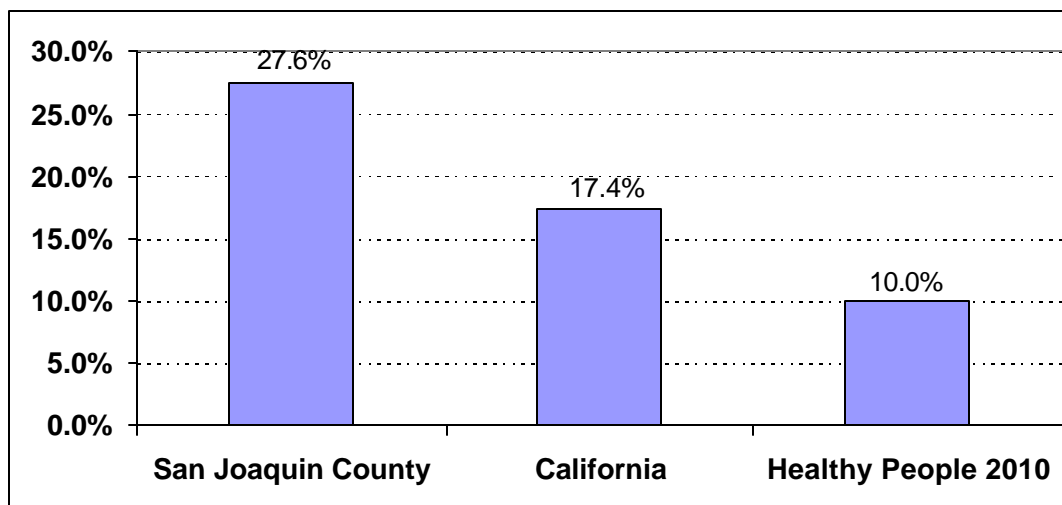
Live Births per 1,000 Adolescent Mothers 15 to 19 Years Old, San Joaquin County and California, in Three Year Averages 1995-1999



Source: California Department of Health Services, County Health Status Profiles, 1999, 2000 and 2001.

Early, comprehensive prenatal care can significantly reduce rates of infant and maternal illness and death. Pregnant women who do not receive early prenatal care are much more likely to give birth to an infant suffering from low birthweight, prematurity and/or other negative outcomes. San Joaquin County has a very low rate of utilization of early prenatal care. Nearly 28% of women giving birth do not access prenatal care during the first trimester of pregnancy, nearly three times higher than the Healthy People 2010 objective of 10%. Rates of access to late prenatal care are lower yet for adolescent mothers, 33% of whom do not receive prenatal care during the first trimester of pregnancy. Access to prenatal care varies by city: the cities with the highest rates of low access to care are Stockton (33%), Lodi (28%), Tracy (27%) and Lathrop (26%). Health care providers cite prenatal care as a building block for the healthy development of a child.

Prenatal Care Not Begun During the First Trimester of Pregnancy*, San Joaquin County, California, and Healthy People 2010



Source: California Department of Health Services, County Health Status Profiles, 2001.

* 1997-1999 births (average).

At 5.9 deaths per 1,000 live births, the infant mortality rate in San Joaquin County is above the Healthy People 2010 objective of 4.5. Infant mortality rates vary by ethnicity. Rates for African-Americans (14.6 per 1,000 live births) are over twice as high as the County average; Asian/Pacific Islanders also exhibit high rates of infant mortality (7.9 per 1,000 live births).

Low birthweight infants are at higher risk for physical and developmental complications, as well as death. Low birthweight is associated with late or no prenatal care, poor maternal nutrition, maternal smoking, premature delivery, among others. The rate of low birthweight infants in San Joaquin County was 5.5% in 1999, slightly lower than the rate for California (6.1%). Of those, 4.4% were low birthweight (1,500-2,499 grams), while 1.1% were very low birthweight, or under 1,500 grams at birth. The highest rates of low birthweight infants are in 95230 (unincorporated area in the eastern part of the county), Escalon, Stockton and Lathrop.

Health care professionals state that while there are many services available to expecting parents, many parents are unaware of these services. Health care professionals also agreed that many parents may not know the importance of these services, and thus do not seek them out.

FAMILY SAFETY

Domestic violence (either being exposed to it or being a victim of it) can cause deep psychological trauma to young children. The number of calls for assistance for domestic violence fell to 3,829 in 1999, from a high of 6,023 in 1995. Approximately 77% of all domestic violence related calls involved weapons during the period 1992-1999. Domestic violence related calls vary by city within San Joaquin County. Stockton has the highest rate, with 85.4 calls per 10,000 population, followed by Manteca, with 80.6 per 10,000 population.

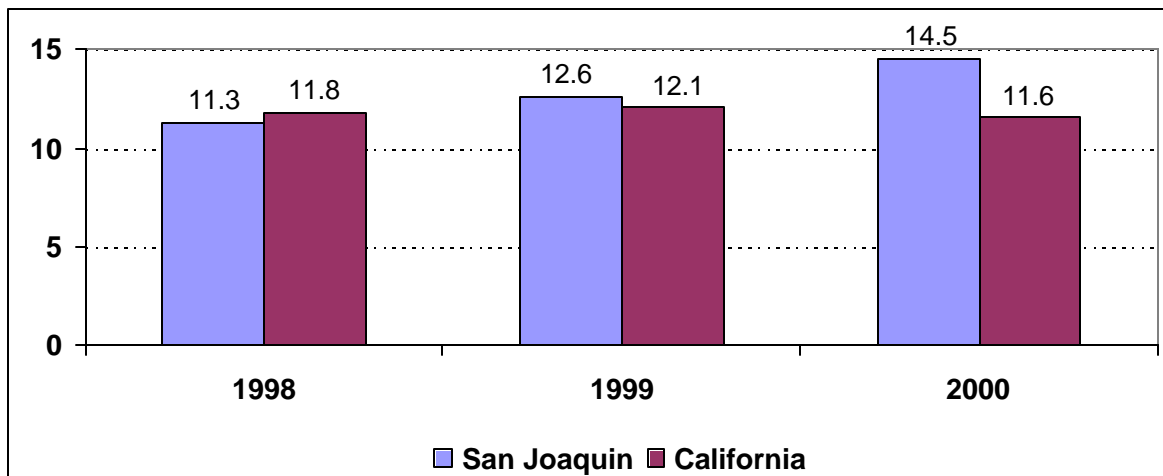
Domestic Violence Related Calls for Assistance by City, San Joaquin County, 1999

City	Number of Calls	Rate of calls per 10,000 Population	Percent of Calls Involving a Weapon
Escalon	23	38.6	78.3%
Lodi	137	24.0	44.5%
Manteca	397	80.6	81.6%
Ripon	17	16.8	82.4%
Stockton	2,083	85.4	100.0%
Tracy	351	61.7	7.7%

Source: California Department of Justice, Statistics Center.

Child abuse data indicate immediate and future problems of violence. Children who are victims of child abuse are at high risk of becoming perpetrators of abuse, and are more likely to commit crimes as juveniles. There were 14.5 substantiated cases of child abuse per 1,000 children in San Joaquin County during 2000, higher than the rate of 11.6 cases per 1,000 children statewide. Child abuse referral rates vary by city within the county. The highest referral rates per 1,000 population are in 95202, 95205, 95206, 95207 (all Stockton).

Children with Maltreatment, Substantiated Cases per 1,000 Children, 1998-2000



Source: Needell, B., D. Webster, S. Cuccaro-Alamin, M. Armijo, S. Lee, A. Brookhart, & B. Lery (2001). *Performance Indicators for Child Welfare in California*.

* Due to duplication of children across counties, statewide total is not equal to sum of all counties.

There were 1,365 children in foster care in San Joaquin County in 2000, down from 1,686 in 1990. The rate of children in foster care in San Joaquin County has declined during the past decade, from 11.1 per 1,000 children in 1990 to 7.5 per 1,000 children in 2000. The rate of

children in foster care has remained constant during the past three years, at approximately 7.5 per 1,000 children in 1998. These rates are considerably lower than the average rate of 10.1 per 1,000 children in California during the period 1998-2000.

CHILD CARE

There are 783 permanent licensed/organized child care providers in San Joaquin County, with an estimated 16,000 slots for children of all ages. These providers include licensed private, publicly-funded and licensed-exempt centers. There are an additional 21 seasonal child care centers, with approximately 850 slots.

Estimates indicate that San Joaquin County may be able to meet only 25% of the demand for some type of licensed/organized child care for children 0 to 3 (either part- or full-time). With 1,600 licensed/organized slots for children ages 0 to 3, and an estimated demand of 5,600-7,500, there is a current gap of 4,000-5,800 licensed/organized child care slots.¹ There is a gap of approximately 2,700 licensed/organized child care slots in Stockton, which accounts for nearly half of the gap in the County. Areas of the greatest unmet need are North County (Thornton, Acampo, Linden, Lockeford, Lodi and Woodbridge) and Stockton. The lack of child care slots is further complicated for non-English speakers, who have limited child care services available to them in their native language.

Child care costs can comprise approximately 8-27% of median family income in San Joaquin County, depending on the number and ages of children requiring care. However, since cost estimates are based on median family income and up to two children requiring care, the cost of child care as a percentage of household income can be significantly higher for lower-income families and/or those with more than two children requiring care. It is notable that child care centers in San Joaquin County often have vacancy rates (which may range from 15%-25%), which are generally understood to be due to the cost of care (and generally not due to lack of demand).

In addition to the aforementioned issues about accessing child care, quality of care is also an issue. Child care professionals state that the most important component to increasing the quality of care is to increase the skills of child care providers and to professionalize the industry.

¹ There is a range in the estimate of the demand for child care services because studies indicate that the demand for child care depends on whether assistance with cost of care is available to parents. In other words, if high-quality low- or no-cost licensed/organized child care is available to parents, they are more inclined to want to use that care. If high-quality low- or no-cost child care is not available to parents, they are more likely to keep their children in informal child care arrangements and thus the demand for licensed/organized child care decreases. Estimates take into account working parents, demand related to welfare reform and national utilization rates for children of employed mothers by age, among others.

SUMMARY OF HIGHEST NEED AREAS AND POPULATIONS

As illustrated in this section, the needs of the community vary across the county, and distinct geographic areas and ethnic groups have needs that are particular to that area or group. The Commission believes that the most effective use of the funds with which it has been entrusted is to focus on a relatively small group of needs. In order to be responsive to the most pressing community needs, the Commission has identified the areas and populations with the highest needs, and has specified what those needs are. The sources for the data on these needs included the secondary data indicators summarized in this section, as well as focus groups conducted with service providers and parents of children 0 to 5. In identifying the highest needs, the Commission looked into three factors: (i) the size of the population affected; (ii) the relationship between unmet need and resources; and (iii) the strategic opportunity for the Commission's funding to make the greatest impact. The following table presents the highest need areas and populations (where data is available); these areas and populations represent the Commission's priorities.

Area/Population of Highest Need	Particular Need(s)
Acampo Linden Lockeford Lodi Stockton Thornton Woodbridge Southeast Asians	Child Care
Stockton (95202) – African Americans French Camp (95231) – African Americans, Hispanics Stockton (95203) – African Americans, Hispanics Stockton (95210) – African Americans, Asians Stockton (95215) Ripon (95366)	Child Health (including perinatal care, dental care, nutrition, parental practice of healthy behavior, parental awareness of detrimental effects of drug and alcohol use, regular examinations, regular immunizations, infant mortality and mental health)
Stockton (95206) – African Americans, Asians, Hispanics Stockton (95205) – Hispanics Stockton (95204) Stockton (95209) Stockton (95210) – African Americans, Asians Lodi (95240)	School readiness
Stockton (95202) – African Americans Stockton (95205) – Hispanics Stockton (95215) – Hispanics French Camp (95231)	Parental educational attainment
Undocumented immigrants	– Data unavailable –

SECTION 4: ANALYSIS OF FIRST TWO ROUNDS OF FUNDING

In 2001, the Commission awarded two rounds of funding for direct services. This funding was allotted based upon the Commission's initiatives in the Strategic Plan of 2000: Children's Health (round one of funding); Drug, Alcohol and Tobacco Prevention and Treatment (round one of funding); Parent Education (round two of funding); and Child Care (round two of funding). Special Projects were also funded in each round of funding. In total, the Commission allocated over \$8 million on 25 different programs, provided by 19 different agencies. Common objectives addressed by these programs included:

- Increasing parental knowledge of early childhood development;
- Increasing family self-sufficiency;
- Increasing the number and proportion of children in safe and healthy environments;
- Increasing parents' knowledge of children's growth, cognitive development and need for brain stimulation; and
- Increasing the number and proportion of children who are developmentally, socially and intellectually ready for school.

CHILD CARE INITIATIVE

In 2001, the Commission funded two programs under the Child Care Initiative; one program focuses on the professional development of child care providers in Stockton; the other is working to increase the capacity of a crisis center for children who have been abused and/or neglected by their caregivers. As indicated in the Summary of Community Needs, there is a very high degree of community need in this area, in order to increase the supply and quality of child care services.

CHILDREN'S HEALTH INITIATIVE

Four programs have been funded under the Children's Health Initiative (one of these is also funded under the Drug, Alcohol and Tobacco Prevention and Treatment). The focus of funded programs is Stockton, Tracy and Lodi. Funded programs include: increasing entry into prenatal care; an asthma program focusing on African Americans and Hispanics in South Stockton, whose asthma hospitalization rates are much higher than the overall county average; and services for children at risk for developmental delays. As indicated in the Summary of Community Needs, there are many health needs among the community's youngest children, and these differ among ethnic groups and areas of residence. At the same time, providers state that there are many existing programs that are underutilized by parents.

DRUG, ALCOHOL AND TOBACCO PREVENTION AND TREATMENT INITIATIVE

Of the three programs funded under this initiative, one of the funded programs offers counseling and treatment for pregnant and parenting Hispanic families; the other two focus on reaching the Southeast Asian communities through various mechanisms, including outreach, education and case management. One of these programs represents a collaborative of seven different agencies. Little data is available regarding child exposure to drug use, though research suggests that there is a relationship between exposure to drugs and indicators such as birth outcomes, child abuse and foster care placements.

PARENT EDUCATION INITIATIVE

The Commission has funded nine programs under the Parent Education Initiative (three of these are also funded under Special Projects). These programs focus on a wide range of target populations, including Hmong parents in Stockton, disabled parents, parents of developmentally disabled children, non-English speakers, pregnant and parenting teens in Manteca, high risk children in Manteca, parents recovering from substance use, high risk families in East Lodi and impoverished Vietnamese-speaking parents, among others. The data discussed in the Summary of Community Needs illustrate that parental educational levels are below average and are thus probably not sufficient to adequately prepare children to be ready for school; funded parent education programs help address this need.

SPECIAL PROJECTS

There are eight programs that have been funded solely under Special Projects. These programs focus on a variety of issues, including: child abuse in Stockton, abused and neglected children with special needs, mandated reporters of child abuse, Hispanics living in poverty with mental health needs, women without health insurance, pregnancy prevention among middle school girls and boys and child victims of domestic violence and their parents, among others.

MOVING FORWARD: ESTABLISHING NEW FUNDING PRIORITIES

As the above summary indicates, the Commission has responded to a wide range of needs by funding a diverse array of programs. The extent to which these needs are being met by existing funders and providers varies, in part due to the varying levels of need and the amount of resources directed towards those needs. In some areas funding is available from public and private sources, and there are established programs designed to meet some of those needs. In other areas there is very limited funding available, and/or there are significant barriers to creating new programs (such as difficulty recruiting professional child care providers). In order to maximize the impact of the Commission's programs, the Commission will focus on the areas in which there is limited funding available, and/or where there are significant barriers to creating new programs. Thus while the Commission will continue its commitment to the current

providers it funds, it will also focus its future programs on a concentrated group of needs that are not being adequately addressed by other public or private funding streams.

SECTION 5: THREE-YEAR PRIORITIES: PROGRAM GOALS, OBJECTIVES AND INDICATORS FOR 2002 – 05

The San Joaquin County Children and Families Commission is dedicated to improving the well-being of children ages 0 to 5 and their families. The Commission believes that the most effective use of the funds with which it has been entrusted is to focus on a relatively small group of measurable outcomes and to make a sustained funding commitment to those outcomes. The Commission's initiatives for 2002 – 2005 will rely on this focused strategy to improve outcomes for children and families in San Joaquin County's highest need areas. Specifically, the Commission will:

- Focus its resources on those locations and populations in the County which have the highest levels of demonstrated need;
- Support only those service providers who respond to the specific objectives and outcomes in the strategic plan;
- Actively promote system integration by requiring the providers it funds to use coordination procedures developed by the Commission and to participate in activities required by the Commission;
- Support the building of organizational capacity for those providers best suited to meet the long-term needs of the County's children and families; and
- Use its evaluation to document the accomplishment of the outcomes established by the Commission.

Commission staff will take an active role in working with service providers to ensure that these conditions of participation are met.

The Commission intends to support five initiatives over the next three years. These are listed below along with the approximate three-year funding allocation for each initiative. (A more detailed description of the Commission's ten-year strategic funding plan can be found in the Budget section of this plan.)

1. **Increasing parental skills and knowledge in high need areas in San Joaquin County. (\$6,000,000).** This initiative is intended to provide parents with information about infant and toddler development, nutrition and effective parenting practices. This will result in stronger families and increases in the number of children who are ready to start school.
2. **Increasing the health of children in high need areas in San Joaquin County, and responding to other needs. (\$3,000,000).** This initiative will support the delivery of services to parents and children to enhance child health and safety. It includes child

abuse prevention as well as health and dental services. This initiative will also include any other needs (which may or may not be health-related) consistent with the purposes of this plan that may emerge, but that are presently not defined.

3. **Increasing the supply and quality of child care in high need areas of San Joaquin County. (\$10,000,000).** This initiative is intended to make quality child care available to more families in the County and to increase the skills of existing and new child care providers. It is intended to benefit child care centers, family day care homes and exempt child care providers.
4. **Increasing responsiveness and access in the service system for children and families in San Joaquin County. (\$3,000,000).** This initiative is intended to make services easier to use, to reduce the administrative burden placed on parents and providers and to increase provider capacity to work together to serve families. Included in this initiative will be the development of a web-based data collection system for Commission-supported providers.
5. **Increasing the school readiness of children in San Joaquin County through participation in the state Commission's School Readiness Initiative. (\$3,000,000 + approximately \$3,000,000 in funds from the state = approximately \$6,000,000).** The state Commission's School Readiness Initiative is a model for service delivery and integration that address the objectives included under the other initiatives described here. The County's participation in the state initiative will bring in state matching funding to supplement the County's allocation of its own resources.

The specific objectives and outcomes to be achieved in the first four initiatives are described in the Strategic Planning Matrix. The School Readiness initiative (# 5) is still being developed and will be presented in detail at a later time.

In the Strategic Planning Matrix, the expected result is the long-term benefit for the County's children and families to be achieved by the initiative. The goal refers to the State Commission's goal and will allow us to relate the County's work to the State's framework. The objectives and outcomes are the most important part of the strategic planning matrix. They describe the specific things the Commission wants to accomplish and the quantitative outcome that will be measured to assure the objective is achieved. To ensure that the Commission's funds are used most effectively, **the Commission will only support those programs that directly address the objectives presented in the plan. Furthermore, the Commission will document its impact only through the outcomes described in the plan.** (Please see the Evaluation section for a fuller discussion of the evaluation plans.) Through its planning process, the Commission has identified those goals and objectives as the highest priorities for the County. The Commission is committed to using its funds to address those priorities. The Commission will not encourage funding applications that address objectives or outcomes outside of those described in this plan, even though they may respond to other serious community needs.

For purposes of accountability, the goals, objectives and outcomes of each initiative are presented separately. However, the Commission understands that they are all related and that it

may most effective for one provider to address several of these points simultaneously through a comprehensive approach. For example, increasing the cultural competency of child care may involve the development of new models, training providers, educating parents and strengthening referral agreements. The Commission encourages San Joaquin County's public and private service providers to work together to find creative ways to address the needs of children and families. Recognizing that narrow funding programs often create service barriers, the Commission will support funding applications that identify innovative strategies for addressing the needs of children and families comprehensively.

FUNDING MECHANISMS

The Commission will use three major funding mechanisms to implement its plan. The first is a new tool for the San Joaquin Children and Families Commission. The Commission will encourage service providers to apply for **planning support contracts**. These can take up to six months to complete and will not exceed \$50,000. They can be used to conduct research that would lead to a direct services application on an issue addressed in the plan, identify successful models of service delivery, create and organize a network of service providers or other purposes which build capacity to address the long-term results to be achieved. It is expected that the planning contracts will provide the background necessary to apply for direct service funding (see below) but there is no guarantee that planning support recipients will also receive direct service funding. They must be directly related to the Commission's priorities. The Commission expects these will be awarded on a competitive basis in response to a Request for Proposals.

The second mechanism is **competitive direct service contracts**. These will be more traditional service delivery contracts. Using this mechanism, the Commission will award funding to service providers (either alone or as part of a collaboration) to deliver services consistent with the strategic plan. These contracts may be for a period of up to three years, consistent with the intent of the strategic plan. They can either be awarded immediately based on a response to an RFP or they may be the result of work done under the Commission's planning support contracts. The Commission has not yet set any minimum or maximum size for these contracts. The RFP may establish these limits at a later time.

The third major funding mechanism is a **noncompetitive direct service contract**. The Commission may choose to use this mechanism if it identifies that only one organization or group of organizations is qualified to provide the services the Commission seeks to make available to the community. At this time, the Commission has no specific plans to use this mechanism but will consider it after reviewing the quality and appropriateness of responses to traditional competitive announcements.

In addition to these three major funding mechanisms, the Commission intends to use the **Bob Driscoll mini-grants** in implementing its strategic plan. Some of these mini-grants will be made available to child care providers; the child care mini-grants will be made available to providers who need up to \$10,000 to enhance the safety and/or quality of their services to children ages 0 to 5 (the maximum amount available to any particular child care facility will be determined by the size of that facility). Other mini-grants will be made available for amounts up to \$25,000 for

any purpose consistent with the purposes of the strategic plan. The mini-grants will have a simpler application process and less rigorous evaluation requirements than the larger direct service grants. The Commission expects to provide a combined total of approximately \$500,000 annually for these mini-grants, producing a three-year total of \$1.5 million.

STRATEGIC PLANNING MATRIX

Expected Result/ Initiative	Goal	Objectives	Outcomes	Funding Amount
Increased parental skills and knowledge in high need areas in San Joaquin County	#1 – Improved family functioning	<ul style="list-style-type: none"> Parents are knowledgeable about child development Parents practice effective parenting skills Parents support their children's learning, healthy growth and development Parents are knowledgeable about and practice healthy behavior prior to and during pregnancy Parents are knowledgeable about and provide their children with healthy diets and physical activity 	<ul style="list-style-type: none"> % increase in parents' knowledge of child development % increase in practice of effective parenting skills % increase in parents' educational attainment % increase in parents' literacy % increase in parents' knowledge and practice of healthy behavior during and after pregnancy % increase in parental awareness of detrimental effects of drug and alcohol use during pregnancy % decrease in parental exposure to drugs and alcohol % increase in parental knowledge about appropriate nutrition 	\$6,000,000

Expected Result/ Initiative	Goal	Objectives	Outcomes	Funding Amount
Improved child health and other community needs	#2. Improved child health and other community needs	<ul style="list-style-type: none"> ▪ Expectant mothers have adequate prenatal care ▪ Parents are knowledgeable about and practice healthy behavior during pregnancy ▪ Children receive preventive and ongoing regular health care ▪ Children receive early screening and intervention for developmental delays and other special needs ▪ Children receive preventive and ongoing mental health care ▪ Children receive preventive and ongoing dental care ▪ Parents are knowledgeable about and provide their children with healthy diets and physical activity ▪ Children are born healthy and maintain their health 	<ul style="list-style-type: none"> ▪ % in expectant mothers receiving adequate prenatal care ▪ % decrease in smoking, drinking and drug use during pregnancy ▪ % increase in children receiving regular examinations and immunizations ▪ % decrease in infant mortality, low birthweight and other complications of pregnancy ▪ % increase in children receiving regular dental care and % decrease in dental caries among children ▪ % increase in children receiving mental health services ▪ % increase in parental knowledge about appropriate nutrition ▪ % decrease in incidence and prevalence of disease in children, such as asthma and diabetes 	\$3,000,000

Expected Result/ Initiative	Goal	Objectives	Outcomes	Funding Amount
Increased supply of quality child care in high need areas in San Joaquin County	#3 – Improved child development	<ul style="list-style-type: none"> ▪ Supply of affordable quality child care is expanded 	<ul style="list-style-type: none"> ▪ % increase in the number of new child care slots meeting quality criteria in high needs areas 	\$10,000,000
Increased quality of child care in high need areas in San Joaquin County	#3 – Improved child development	<ul style="list-style-type: none"> ▪ Child care providers participate in ECE educational opportunities ▪ Child care providers experience lower turnover rates ▪ Parents have increased access to child care that is culturally competent ▪ Health and social services are integrated into child care settings 	<ul style="list-style-type: none"> ▪ % increase in number of providers participating in training programs ▪ % increase in provider skills resulting from training programs ▪ % decrease in child care worker turnover rates ▪ % increase in culturally competent child care ▪ % increase in parental satisfaction with child care ▪ % increase in providers who meet quality standards(to be determined) 	

Expected Result/ Initiative	Goal	Objectives	Outcomes	Funding Amount
Increased system responsiveness and access for families	#4 – Improved systems for families	<ul style="list-style-type: none"> Parents are able to access services Services are culturally competent Providers are aware of available services Providers refer clients to other needed services and follow-up with clients Providers have the capacity to collect and store data Provider data collection and storage is compatible with other provider data Providers share relevant client and services data with each other Providers have the organizational capacity to sustain their operations and maintain the supply of quality services 	<ul style="list-style-type: none"> % increase in parents' self-reported ease in accessing services % increase in utilization of available services % increase in client referrals and follow-up % increase in providers' capacity to store and collect client and service data % increase in provider coordination across agencies regarding individual clients and available services % increase in organizations' organizational capacity % increase in organizations with sustainable funding 	\$3,000,000

SECTION 6: IMPROVING THE SYSTEM OF SERVICE

The Commission recognizes that the public and private providers of services to children and families are important partners in the Commission's work. Without a strong, stable, effective network of service organizations working together to strengthen families and help children prepare for school, the Commission will be not able to fulfill its mission. The system of care is not just the individual service providers, it is also the way they work together. The formal and informal relationships that allow providers to integrate their services to benefit families, that reduce the confusion and frustration that many families face in dealing with different providers and that allow service users to get what they need when they need it, are the backbone of the system of care. This is why the Commission has made the service system the focus of one of its major initiatives.

In working to improve the system of service, the Commission intends to pursue two broad strategies. The first is to strengthen the organizational capacity of individual service providers. The second is to work to improve system coordination and move to system integration where possible.

CAPACITY BUILDING

To create effective partnerships, the Commission must have strong partners. In order to ensure the strength of its partners, the Commission intends to support them through a program of technical assistance and capacity building. Based on its experience in working with community and government agencies through its first two rounds of funding, the Commission has identified the following non-programmatic technical assistance needs:

- Gathering and using data to assess needs and document impact;
- Basic program and fiscal record-keeping;
- Maintaining client records; and
- Cultural competence.

In addition to these specific needs, the Commission recognizes that it may be necessary to create and sustain new organizations necessary for the Commission's purposes. If there are no existing organizations in the County capable of implementing the Commission's strategic plan, the Commission may chose to promote a new one.

In addition to these technical assistance needs, there are other organizational needs the Commission recognizes to be critical to the long-term sustainability of community organizations. These key areas for capacity building include:

- Strategic planning;
- Fund development (including grant-writing);
- Board development; and
- Recruiting, hiring and developing staff.

The Commission will issue an RFP to provide technical and capacity building assistance to public and private service providers in the County. It will address all of these issues through a program of professional training, staff development and consultation. Funds for this contract will come from the Initiative #3 – Improving Systems. The Commission will identify other funding organizations with an interest in long-term capacity building to jointly fund this project. The Commission also intends to work with other funders to develop a common set of criteria for cultural competence in the diverse environment of San Joaquin County.

It is expected that all Commission-funded organizations will be required to participate in a basic capacity building program of assessment and training in the areas listed above. Based on the assessment results, a smaller number will participate in more intensive capacity building assistance. Part of the assessment process will include requiring applicants to address these issues in their funding requests to the Commission. This form of self-assessment will provide some preliminary direction for the technical assistance effort.

The building of capacity in the arena of client data management will rely on a different strategy. Instead of concentrating on creating internal capacity, the Commission has brought in the technical resources to handle the task directly. The Commission has contracted with a database management firm to create a web-enabled data system for its providers. This system will standardize record-keeping for providers, allowing them to manage client data on a website rather than through their office computers. The system will also be able to produce financial and program reports and can help the Commission meet its reporting requirements to the state. That work is just starting. By the time the planning period begins (July 1, 2002), the system will be operational and providers will be receiving training in how to use it.

SYSTEM INTEGRATION

When service providers do not work together in a system, service users must face the frustration, duplication and dead-ends of trying to put together a package of services themselves. Families and children do not get what they need as they become discouraged and cynical. There are some barriers to system integration that the Commission cannot address, such as the difficulty caused by categorical funding sources or different professional languages used across the different disciplines involved. However, there are barriers which can be addressed directly and where the Commission can use its resources to promote change.

The Commission has identified its priorities for service systems improvement. They are:

- Enhancing capacity to provide information and referrals
 - ◆ Commission-funded service providers will be responsible for training their staff on resources available. Providers will be required to document this training in their applications and to demonstrate staff knowledge on monitoring site visits.

- ◆ The Commission will continue to convene regular service provider meetings which will be the primary vehicle for sharing information about resources, Commission-funded and otherwise. Attendance at these meetings will continue to be mandatory.
- Strengthening case management – The Commission will clarify and strengthen case management expectations and hold providers accountable to new standards. To accomplish this, the Commission will establish guidelines for case management. Compliance with these guidelines will be a contract requirement.
- Identify transportation needs – The Commission and its consultants will document transportation needs and resources and make recommendations for funding strategies under Initiative #3.
- Work with existing groups to promote system-wide collaboration. In encouraging the creation of a comprehensive system of services, the Commission will support the existing efforts of other groups in taking the lead role as the system integrator for families and children.
- Establish a checklist for systems issues to be used in the funding application review process – The Commission will identify the criteria for assessing system integration in the review of applications. The Program Coordinator will use the list to assess the systems-level capacity and understanding of applicants. The Coordinator will then include her assessment for the Commission’s consideration in making funding decisions.
- Create an ad hoc Systems Integration committee to develop a more detailed and comprehensive plan to address system-level issues – At its strategic planning retreat in July 2001, the Commission created a Systems Integration committee to develop further recommendations for strengthening the service system.

Beyond these activities, the Commission views its investment in a web-enabled client data system as another tool for system integration. By creating a standard way for service providers to collect and store data, this system can reduce the record-keeping barrier that keeps organizations from being able to share client information. The Commission also hopes that this data warehouse system can serve as a model for the integration of client data by other public and private funders in County.

SECTION 7: INVOLVING COMMUNITY MEMBERS AND PARENTS

The Commission recognizes the value of public participation in its decision-making process. The Commission's actions are directed toward improving the well-being of young children and their families in the County. Those actions must be based on an accurate understanding of the needs of those groups. The needs assessment process draws directly on the experience and perspectives of the general public, parents and service providers. Throughout the planning process, which began with the previous strategic plan, the public, parents and providers have helped the Commission define community need and identify solutions.

There is a need for additional community involvement beyond the planning work. The Commission will actively solicit community participation in its other work through the mechanisms described below. The Commission will also find ways to increase the role played by parents in advising it. Our strategy for that is also described below.

MECHANISMS

The Commission will use a Community Advisory Group as one of its mechanisms for community involvement. This Community Advisory Group will be based upon the existing mechanisms for community involvement (including parents) in setting policy for children and families. The Program Coordinator will convene representatives from groups that work directly with young children in the County on a quarterly basis into a Community Advisory Group. The Program Coordinator will ask them to assess the progress of the Commission's work, to identify emerging priorities and to advise the Commission on changing community needs. The Program Coordinator will report directly to the Commission on the Community Advisory Group's work. A representative of the Community Advisory Group will be available to present specific recommendations to the Commission and to provide additional information.

In addition to forming the Community Advisory Group, the Commission will also take an active role in community involvement. Specifically, Commission members will be required to participate in at least one community meeting per quarter related to the Commission's work. This might involve attending policy or planning meetings of other organizations serving children and families, participating in conferences, assisting with promoting the Commission in public settings or other activities which allow the public to become familiar with the Commission or which inform the Commission about community issues. The Chair of the Commissioner will ask the individual members with a brief summary of their activities annually.

The final element of the Commission's community involvement plan will be to participate as a Commission on a regular basis (at least twice a year) at meetings of other community organizations. This will provide an opportunity for community residents to become more familiar with the Commission's work, and allow the Commission to build additional ties to the community.

SECTION 8: EVALUATION: MECHANISMS FOR RESULTS-BASED ACCOUNTABILITY

Evaluation is the documentation of the contract objectives through the systematic collection of data. Results-based accountability goes beyond this narrow definition of evaluation to include the development and implementation of a system of measurement that describes outcomes for:

- Individuals, including children;
- Families, including nontraditional families;
- Organizations;
- System of services; and
- The community.

The previous strategic plan describes the specific methods the evaluation is using to document impacts at these five levels. The Commission is committed to using this comprehensive, integrated approach to describing the benefits of its programs for young children and their families in San Joaquin County. That commitment is reflected in the evaluation consultant's scope of work.

The evaluation approach to be pursued in the three years covered by this strategic plan is somewhat different than the previous evaluation work. In the first two rounds of funding, the contractors were required to select the outcomes and identify the indicators they wanted to pursue from the wide range of possibilities listed in the strategic plan. The Commission then incorporated those into the contractor's scope of work and asked its evaluation consultants to work with the contractors to develop the appropriate measures. In this plan, there is considerably less contractor flexibility. The three-year priorities section of this plan identifies a relatively small number of outcomes and indicators in each of the initiatives. To be eligible for funding, service providers must agree to use the Commission's resources to accomplish those outcomes only. Service providers will be required to use those indicators and to make themselves accountable for producing those results. The Commission believes that concentrating its effort on a smaller group of results is the most effective road to meaningful, long-term community change. The Commission's RFPs and other funding mechanisms will clearly establish this requirement.

An important element of the Commission's approach to evaluation is an emphasis on capacity building. The primary purpose of evaluation is to allow the Commission to determine if its investments in services for children and families are having their intended effect. However, in working with the contractors, the Commission's staff and consultants prioritize the enhancement of provider skills in defining their outcome objectives in measurable terms, identifying the most appropriate tools for measuring those outcomes, creating non-intrusive strategies for collecting data, the storage and management of information and using evaluation data for reporting and internal decision-making. This approach is consistent with the direction established by the Commission in its determination to use its investment in children and families not just to provide needed services but to build a stronger system of services overall.

Another critical element of the Commission's evaluation plan is the establishment of a web-enabled database to assist its contractors with the collection and management of client-level data. The Commission has contracted with a database consulting firm to install such a system in San Joaquin County. This system will allow the contractors to use the Internet to maintain essential client data. Using this common database, the Commission's contractors will be able to provide the Commission with timely fiscal and programmatic reports in a standard format. The system will also allow the Commission's staff to make its annual reports to the state more efficiently. By the end of this planning period, FY 2004 – 05, all the Commission's service providers will be using this data system.

SECTION 9: TEN-YEAR FINANCIAL PLAN

The Commission is committed to making the best use of its resources. The County's allocation from state tobacco tax revenues represents an opportunity to make a significant difference in the lives of San Joaquin's children and families. However, while the revenue is a major new funding source, it is not adequate for addressing all the County's needs. Consequently, the Commission has decided to narrow its focus to a relatively small number of outcomes for intensive support in the FY 2002 – 2005 period. These priorities are described earlier in this plan. The Commission has identified those priorities for funding based on its assessment of community need and assets. In planning for the allocation of the available funds consistent with those priorities, the Commission has tried to balance the benefits of responding to the current high levels of community need with maintaining adequate resources to support needed services in the long-term. This section of the strategic plan presents the Commission's decisions for the long-term allocation of funds as well as its three-year spending plan.

The Commission strategic budgeting is based on a set of assumptions. These assumptions are subject to change as economic conditions vary. These are:

- The Commission will receive annual income from its state allocation of tobacco tax revenue and from interest earnings on the funds in the Children's Trust Fund. The tobacco tax revenue is forecast to decrease at a rate of 5% annually. The expected rate of return on the trust fund is estimated to be 3.5% annually.
- Based on current spending rates, the fund balance in the Children's Trust Fund will be approximately \$23 million at the start of the three-year planning period (July 1, 2002). This excludes the amount that will be held in reserves by that date, \$7.5 million. The total amount available to the Commission will be \$30.5 million.
- The funding commitments made in the previous years' first two rounds of funding will continue into the planning period. In FY 2002-4, Round 1 commitments will require \$1.9 million and Round 2 will require \$1.6 million, producing a total of \$3.5 million in existing commitments to be paid from the fund balance
- In keeping with the Commission's first strategic plan, 20% of the annual state allocation will be held in reserve every year.
- Operating expenses for the Commission and its staff will be approximately \$500,000 annually for the three-year period. This is likely to increase as the amount of Commission-supported activity increases.
- The Commission will use its reserves to support services when expenditures exceed income.

DEFINITIONS

Initiatives – the Commission’s major program funding categories. The initiatives are intended to address the specific needs of children and families and the service system that supports them. Each initiative has its own goals, objectives and outcomes.

Bob Driscoll Mini-Grants – two types of smaller funding support for limited purposes. Child care mini-grants, up to \$10,000, provide funding to enhance safety and/or service quality. Other mini-grants provide support up to \$25,000 for a range of needs consistent with the strategic plan.

Capital Funding – funds made available by the Commission to support the capital needs of programs serving children and families. This can include funding for capital equipment or facilities renovation.

Matching Funding – funds made available by the Commission as local match for organizations applying for outside funding consistent with the strategic plan that requires local matching funds.

Program Expenditures – the amount allocated to support programs for children and families. It includes initiatives, capital funding, matching funding and mini-grants.

Total Expenditures – the sum of program expenditures, administrative expense and reserve allocation.

Total Income – the combined total of interest earnings on the Children’s Trust Fund and annual allocations from the state tobacco tax revenue.

Reserve – the accumulated balance in the reserve fund, based on setting aside 20% of each year’s state allocation amount.

Reserve Allocation – the amount to be placed in reserve annually.

THE THREE-YEAR PLAN

The Commission intends to spend \$25 million on its five initiative areas between FY 2002-03 and FY 2004-05. The Commission has allocated an amount to each of these five categories based on its assessment of the level of community need, the opportunities for the Commission to make a lasting difference and the level of funding available from other sources. These initiatives will be focused on meeting community need in the parts of the county that have demonstrated the highest levels of unmet need. They will rely on the objectives and outcomes described earlier in the plan to give direction to service providers. In addition to the initiatives, the Commission intends to commit \$3.9 million in three additional categories: mini-grants, matching funding and capital funding. Each of these categories will have their own funding mechanisms, separate from the major initiatives. The mini-grant program was successfully used in the Commission’s first year of funding and will be expanded for this three-year planning period. The capital and matching funding awards will each require a separate Request for Proposals. Total new

program-related expenditures for FY 2002 – 2005 will be \$28.9 million. The table below summarizes the new program expenditures. In addition to these expenditures for new programs, the Commission will spend an additional \$3.5 million to fulfill the funding commitments made in previous rounds of funding. Combined program expenditures over the three-year period will be \$32.4 million.

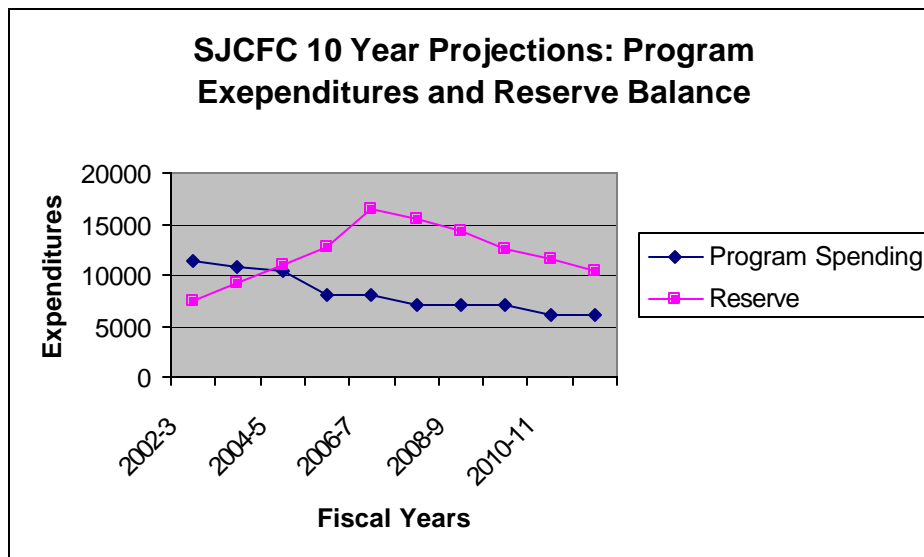
New Program Expenditures, FY 2002 – 05

Initiatives	
Child Care	10,000,000
Parent Education	6,000,000
System Improvement	3,000,000
Children's Health + Other Needs	3,000,000
School Readiness	3,000,000
Subtotal – Initiatives	\$ 25,000,000
Other Program Expenditures	
Mini-Grants	1,500,000
Capital Funding	1,500,000
Matching Funding	900,000
Total New Program Expenditures	\$ 28,900,000

THE TEN-YEAR PLAN

The Commission has developed a long-range spending plan for the ten-year period FY 2002-03 to FY 2011-12. During that period, the Commission intends to spend approximately \$81.5 million on program-related expenditures, \$67 million of which will be devoted to major funding initiatives. (These figures include the three-year projections outlined above.) The Commission has decided to balance the need for long-term support of programs for children and families with the desire to make short-term funding available. It has created a plan that expends an average of \$8.3 million for new programs annually in the first three years and slowly declines to an annual average of \$5 million by the tenth year. Total program expenditures (new initiatives, previous commitments, mini-grants, capital and matching) for the first year are expected to be \$11.3 million the first year and \$6 million by year ten. The budget table below shows the projected spending pattern.

In fulfilling its commitment to providing long-term support for helping children prepare for school, the Commission will start spending down its reserves during this ten-year period. Maintaining the projected level of expenditures, the Commission expects to have its expenditures exceed its current income in FY 2007-08. At that time, the reserve balance is projected to be \$16.5 million. The Commission will then draw upon that balance to support its program expenditures for the remainder of the ten-year period. By the end of the period, the reserve balance is expected to be \$10.4 million. The graph below shows the relationship between program expenditures and the reserve balance for the ten-year period. The appendix to the plan contains a spreadsheet showing budget detail for each of the years in the period.



SECTION 10: THREE-YEAR COMMISSION AND STAFF ROLES

A strategic plan sets out a direction for the future. It provides the basis for action and establishes the priorities and expected outcomes. Because its focus is the long-range future, a strategic plan generally does not identify specific action steps. This plan describes the Commission's priorities and strategies for a three-year period beginning July 1, 2002. The Commission will develop annual action plans for each of those three years by the start of each fiscal year.

While it is not possible to develop detailed action plans at this time, the Commission does wish to establish clearly its understanding of the roles and responsibilities of the Commission and its staff. In general, the Commission must perform its legislatively mandated functions of assessing community need, setting finding priorities and overseeing expenditures related to ensuring that children ages 0 to 5 are ready for school. The staff supports the policy functions of the Commission by implementing the plan, ensuring the efficient use of funds and providing staff support to the Commission.

COMMISSION ROLES

- Develop the strategic plan;
- Approve and oversee expenditures;
- Establish policies;
- Inform the public and service providers about the Commission's work;
- Direct the Program Coordinator;
- Ensure the staff has adequate resources to conduct its work;
- Serve on at least one Committee of the Commission;
- Attend and participate actively in Commission and Committee meetings;
- Read meeting materials; and
- Represent the Commission in public settings.

STAFF ROLES

Allocate Funds

- Implement the Commission's strategic plan;
- Develop RFPs and other mechanisms for expenditure of funds;
- Oversee proposal review process;
- Submit recommendations for Commission review;
- Negotiate with applicants to develop final scope of work;
- Oversee contract development and approval process;
- Conduct programmatic and fiscal monitoring; and
- Oversee program and community-level evaluation.

Participate in Community Planning

- Oversee the creation of the Commission's strategic plan;
- Develop and convene contractor meetings;
- Participate in planning activities of other related local organizations;
- Participate in state-level and regional Prop 10 planning activities, i.e., Kits for New Parents;
- Update San Joaquin County CFC strategic plan, as needed; and
- Allocate funds for planning activities directly related to the strategic plan.

System Integration

- Develop case management standards;
- Develop procedures for monitoring contractor staff training;
- Support centralized services where appropriate;
- Work with other providers to identify opportunities for system integration; and
- Support development of web-enabled client data system.

Capacity Building

- Oversee technical assistance and capacity building contract;
- Develop standards for cultural competence;
- Support contractor capacity building efforts;
- Assess capacity needs of existing and new contractors; and
- Assess the need to create new organizations to implement work of the Commission.

Communication/Marketing

- Build public awareness of the Commission and its work;
- Participate in media events related to the Commission and the contractors;
- Represent the Commission at public events; and
- Assist with the creation of marketing and outreach materials.

Administration/Operations

- Provide adequate staffing to implement strategic plan;
- Supervise office staff and consultants, i.e., strategic planning, evaluation, database, school readiness;
- Provide opportunities for staff training and developing; and
- Ensure appropriate technology for office staff.